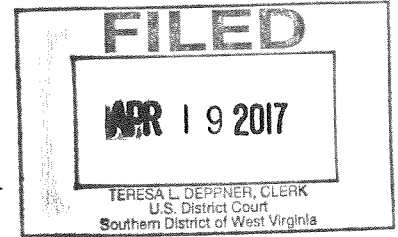


UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA



PHILLIP E. CLINE, pro se

08381-032

(Enter above the full name of the plaintiff
or plaintiffs in this action).

(Inmate Reg. # of each Plaintiff)

VERSUS

CIVIL ACTION NO. 5:17-cv-02391

(Number to be assigned by Court)

Dr. Allen; Dr. McLain;

PA Hutchinson; Mr. Thompson

Acting in their Individual capacities

for Federal Bureau of Prisons

(Enter above the full name of the defendant
or defendants in this action)

COMPLAINT

I. Previous Lawsuits

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes XX

No

- B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit:

Plaintiffs: PHILLIP E. CLINE

Defendants: Federal Bureau of Prisons; D.J. Harmon,
Warden; Mike Snow, Mr. Thompson,
Dr. Dominic McLain; James Ellis;

2. Court (if federal court, name the district; if state court, name the county);

UNITED STATES DISTRICT COURT FOR THE

SOUTHERN DISTRICT OF WEST VIRGINIA

3. Docket Number: 5:11-CV-00870

4. Name of judge to whom case was assigned:

Judge Irene Berger

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

Case Dismissed

6. Approximate date of filing lawsuit: NOVEMBER 10, 2011

7. Approximate date of disposition: DECEMBER 18, 2012

II. **Place of Present Confinement:** FCI BECKLEY, P.O. BOX 350
BEAVER, WV 25813

A. Is there a prisoner grievance procedure in this institution?

Yes X No

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes X No

C. If you answer is YES:

1. What steps did you take? Filed three step

Administrative Remedy

2. What was the result? Request for transfer to

a higher level care facility denied

D. If your answer is NO, explain why not: _____

III. Parties

(In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff: PHILLIP E. CLINE #08381-032

Address: FCT Beckley, P.O. Box 350, Beaver, WV 25813

B. Additional Plaintiff(s) and Address(es): _____

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C. Defendant: Dr. Allen, Regional Medical Director
is employed as: Regional Medical Director
at Federal Bureau of Prisons, Butner, North Carolina

D. Additional defendants: Kevin Thompson, Dominic McLain,
Steven Hutchinson

IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

Defendants, acting in their individual capacities showed
deliberate indifference by failing to properly address
Plaintiff's many health issues, including constant and severe
pain, obesity, high blood pressure, diabetes, torn maniscus
hernia. Since 2009 Plaintiff has been examined by two
outside neurosurgeons years apart. The Defendants have ignored
the recommendations causing Plaintiff to experience ongoing
and debilitating pain. This in turn has caused severe

IV. Statement of Claim (continued):

consequences to Plaintiff's health. Defendants have continued
to treat Plaintiff in the same manner year after year with
little or no affect. Mr. Thompson, Medical Director at
FCI Beckley has denied Plaintiff the proper care required
although it is available within the Bureau of Prisons and
would not cause any burden on the BOP to initiate needed
care.

Continued on Attachment A

V. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments.
Cite no cases or statutes.

Plaintiff asserts that Defendant's are liable for pain and
suffering in the amount of \$18,000,000.00, including future
care associated with his disability; and punitive damages
in the amount of \$54,000,000.00. In addition, PLaintiff
wants to be transferred to a medical facility that will
be able to treat his serious medical needs as required.

Attachment A

Dr. Allen, Bureau of Prisons, Regional Medical Director, Butner North Carolina, has the final say as to whether Plaintiff's condition warrants a transfer to a more appropriate facility where the recommended treatment would improve Plaintiff's health and quality of life. Dr. Allen has continued to deny Plaintiff's recommended transfer.

Mr. Steven Thompson, Federal Bureau of Prisons, Medical Director, FCI Beckley, Oversees medical department, has local say in treatment of FCI inmates.

Dr. Dominic McLain, Primary Care Physician, FCI Beckley, has treated Plaintiff in the same way for years. Plaintiff has continually informed him that the treatments are not working. This lack of treatment regimen has caused Plaintiff's health to deteriorate, not improve.

Kevin Thompson, Physician's Assistant, FCI Beckley, has continued ineffective treatment of Plaintiff prescribing medications that do little to alleviate Plaintiff's serious medical condition.

V. Relief (continued)):

VII. Counsel

- A. If someone other than a lawyer is assisting you in preparing this case, state the person's name:

- B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?

Yes _____ No X

If so, state the name(s) and address(es) of each lawyer contacted:

If not, state your reasons: Indigent and cannot afford

private counsel.

- C. Have you previously had a lawyer representing you in a civil action in this court?

Yes _____ No X

If so, state the lawyer's name and address:

Signed this 4th day of April, 2017.

Philip T. Cl.

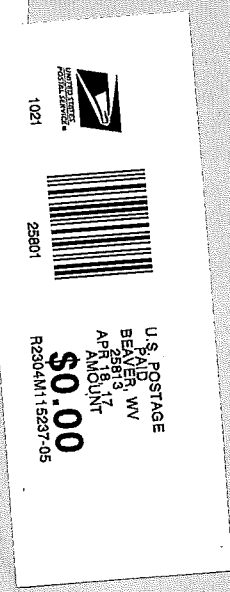
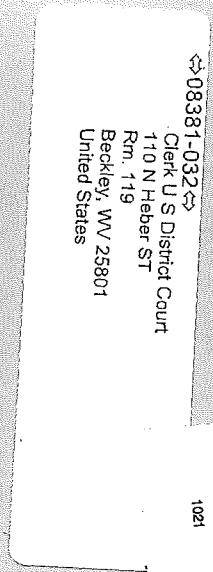
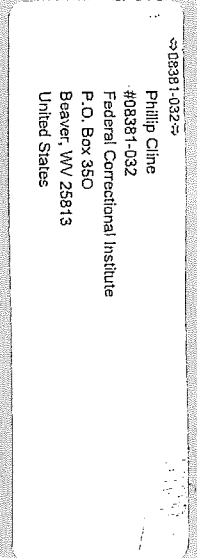
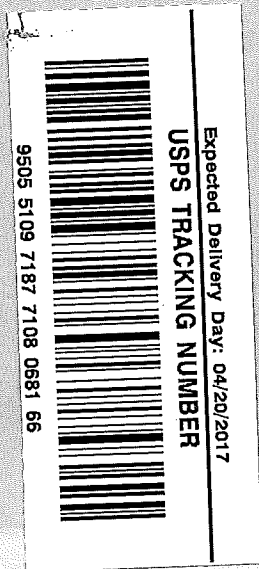
Signature of Plaintiff or Plaintiffs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 4/4/2017
(Date)

Philip T. Cl.
Signature of Movant/Plaintiff

Signature of Attorney
(if any)



Legal Mail

FEDERAL CORRECTIONAL INSTITUTION
BOONLEVY

BEVER, WV 26013

DATE

4/18/17

THE ENCLOSED LETTER WAS PROCESSED THROUGH
SPECIAL MAILING PROCEDURES FOR FORWARDING TO
YOU. THE LETTER HAS BEEN NEITHER OPENED NOR
INSPECTED. IF THE WRITER RAISES A QUESTION OR
PROBLEM OVER WHICH THIS FACILITY HAS JURIS-
DICTION, YOU MAY WISH TO RETURN THE MATERIAL
FOR FURTHER INFORMATION OR CLARIFICATION. IF
THE WRITER ENCLOSES CORRESPONDENCE FOR
FORWARDING TO ANOTHER ADDRESSEE, PLEASE
RETURN THE ENCLOSURE TO THE ABOVE ADDRESS.